

55555

DATE: AUGUST 08, 2025

Disability Update Report

FORM APPROVED
OMB NO. 0960-0511

PAYEE'S NAME AND ADDRESS



CDR T16 M33R L 250721 N5660-M33LR-0057163 P05 T0235



REPORT PERIOD

From: AUGUST, 2023

To The Present

BENEFICIARY

TELEPHONE NUMBER

Please be sure to use **black ink** or a #2 pencil to print your answers. Also, read the enclosed instructions before completing the form. Finally, remember that when answering the questions, the "REPORT PERIOD" for which we need information about you is from AUGUST, 2023 to the present. If you have any questions, call 1-800-772-1213 or TTY for the hearing impaired at 1-800-325-0778.

1. a. Since AUGUST, 2023 have you worked for someone
or been self-employed? →

YES

☐

NO

☒

- b. If you answered "YES" to 1.a., please complete the information below.

Most
Recent
Work

WORK BEGAN

Month Year

1. 2. 3.

WORK ENDED

Month Year

MONTHLY EARNINGS

Dollars Only, No Cents

\$ \$ \$

2. Have you attended any school or work training program(s)
since AUGUST, 2023?

YES

☒

NO

☐

3. Since AUGUST, 2023 to the present...(Please place an 'X' in one box only):

☒my doctor and I
have not discussed
whether I can work.☐my doctor
told me I
cannot work.☐my doctor
told me I
can work.

4. Place an "X" in only one box which best describes your health
now as compared to AUGUST, 2023.

☐

BETTER

☒

SAME

☐

WORSE

0057163



AC?

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5. a. Have you gone to a doctor or clinic for treatment (including evaluations, checkups, counseling, prescriptions, or medicine) since AUGUST, 2023?

YES

NO

☒
☐

- b. If you answered "YES" to 5.a., please list:

Most Recent Visit	Reason For Visit:	Month	Year
1.	ROUTINE ADULT HEALTH	09	23
2.			
3.			

6. a. Have you been hospitalized or had surgery since AUGUST, 2023?

YES

NO

☐
☒

- b. If you answered "YES" to 6.a., please list:

Most Recent	Reason For Hospitalization or Surgery:	Month	Year
1.			
2.			
3.			

REMARKS: If you use this space to further answer questions 1. through 6., place an "X" in the box to the right and print on the lines below.

☒

5. b. ROUTINE ADULT HEALTH CHECK-UP on 09/22/23

3. I am a student or I am studying.

DATE REPORT COMPLETED (MM/DD/YYYY)

TELEPHONE NUMBER (include Area Code)

